

INTRODUCTION

This report provides updated information (by Section and Outcome) on the implementation of Kentucky's Plan, and is submitted pursuant to KRS 210.577 (3). It covers the past year, October 1, 2003, through September 30, 2004.

Kentucky's Plan: From Dreams to Realities for Quality and Choice for All Individuals with Mental Retardation and Other Developmental Disabilities was first submitted to the Governor and the General Assembly on April 17, 2001. Highlights of the plan include efforts related to: Prevention, Promoting Choice, Promoting Quality, Promoting Access, and Financing the System.

The planning process involved hundreds of people representing a broad range of stakeholders. Elements of the Plan have been incorporated into the strategic planning process of the Department and Cabinet. The Plan has broad support, is a dynamic document, and continues to be the blueprint for the Commission's work.

The ten-year plan specifies the need for a system that will have the capacity to provide the needed components of a *comprehensive* package of services for between 8,000 and 10,000 Kentuckians with mental retardation and other developmental disabilities.¹ The capacity, at the end of FY 04, for comprehensive services to this population was 3152, (2682 capacity in the Supports for Community Living program and 970 licensed beds in Intermediate Care Facilities for People with Mental Retardation).

The majority of the Commission's work has focused on the individuals mentioned above, who need a comprehensive package of services. However there are many other Kentuckians with mental retardation or other developmental disabilities, some of whom will need assistance from the public sector. National prevalence studies note that between 1-3% of the general population will be diagnosed with a developmental disability or with mental retardation. In Kentucky, 1-3% of the population equates to approximately 40,000 to 120,000 people.

Particular supports/services needed by persons with mental retardation and other developmental disabilities and prioritized by the Commission are as follows: Day/Community Habilitation; Supported Community Residences; Accessible, Affordable, and Accountable Transportation; Employment and Volunteerism; Transition Services from Birth through Entire Life Span; Assistive Technology; Respite Services; Recreation Supports; Behavior Supports, and other Support

¹ Calculation based upon estimated need for comprehensive services for 200-250 people per 100,000 population. Published by the National Association of State Directors of Developmental Disabilities Services in *Closing the Gap: Addressing the Needs of People with Developmental Disabilities Waiting for Supports*, Gary Smith, November 1, 1999.

Services. The Commission supports the concept of self-directed funding such that individuals and families have greater control over the money available for their support.

PREVENTION

OUTCOME: Through public education and prevention efforts, more children will be born healthy and the instances of disabilities will be reduced.

- Prevention efforts and data collection regarding brain injury are being addressed in the following manner.
 - The Director of the Division of Mental Retardation is a member of the Systems Development Committee of the Traumatic Brain Injury Trust Fund Board of Directors. This Committee is charged with assisting the Board in the completion of its statutory mandate to assist the Cabinet in the development of services for persons with brain injury. The Committee will develop recommendations to address the education and prevention of brain injury, long-term care, and financing the support system.
 - The Division of Mental Retardation worked with the Brain Injury Services Unit and the State Interagency Council to pilot a comprehensive review and assessment, and to develop wraparound supports and/or consultation for adolescents with a brain injury who are difficult to support, are in out-of-state placements, and/or aging out of their current financial support mechanism. If the State Interagency Council elects to continue this effort, the Division will continue the same level of participation.
- The Department for Public Health's statewide folic acid campaign for Education and Information activities has reached 1,915,139 people in FY 04, including 1,762,477 through media or mass distribution of information.
- With regard to Adult Phenylketonuria (PKU), HB 395 was passed by the 2002 General Assembly, which brought the annual insurance coverage of medical formulas to \$25,000 and coverage of medically modified foods to \$4000. While passage of the legislation was an important step in the treatment of PKU, individuals face many stumbling blocks in the path of getting the items reimbursed. Most insurance companies require payment up front for food and some require a large deductible to be met. Also, reimbursement amounts may vary from person to person and from one insurance company to another. During FY 04, seven new patients were seen at the Adult PKU clinic, bringing the total number of active patients to 42, an increase of 20 since the clinic's inception. A Cabinet staff person continues to contact former patients to inform them of the possibility of regaining skills if they return to the diet. Those who agree to return to the diet regimen are invited to be patients at the Adult PKU clinic.

- In the spring of 2003, the Brain Injury Services Unit (BISU) received an Implementation Grant from the Health Resources and Services Administration, Maternal and Child Health Bureau. As a part of this grant, the BISU partnered with the Division of Mental Retardation, Education and Resource Development Team, to deliver brain injury information to Supports for Community Living waiver providers. A series of four training sessions were presented across the state in 2004. The information has been integrated into existing ongoing training initiatives, such as Phase I and II trainings, and mentoring. In addition, the Spotlight newsletter, which is sent to all providers, featured brain injury issues and contacts in an issue. A one day seminar on co-occurring disorders is planned for January 2005.

- Healthier mothers and babies are the intended outcomes of the KIDS NOW Substance Abuse and Pregnancy Initiative. The Initiative allocated \$1 million annually to Regional Mental Health/Mental Retardation Boards to partner with local and district health departments and private physicians for substance abuse outreach, prevention, and treatment. Training for partners includes education about the dangers of substance abuse during pregnancy; screening for substance abuse in a supportive, non-judgmental manner; and how to refer for woman-centered, family friendly substance abuse treatment. KIDS NOW Substance Abuse and Pregnancy Initiative prevention and treatment specialists from each of the community mental health and mental retardation centers visit partner sites to teach about the negative effects of perinatal exposure to alcohol and other drugs to newborns and to provide on-site assessments for women who may require a substance abuse prevention or treatment intervention. Because of this Initiative, in FY 2004, over 8,400 pregnant women were screened regarding their risk of substance abuse during pregnancy. Of those screened, over 3,500 received a substance abuse prevention or treatment intervention.

PROMOTING CHOICE

OUTCOME: Through the principles of self-determination and informed choice, people with mental retardation and other developmental disabilities will have access to services and supports throughout their lifespan.

- House Bill 501 (the Kevin Webb and Kim Brown Self-Determination Act), passed by the 2003 General Assembly, required the Commission to develop recommendations for the implementation of a self-determination model of funding services and supports for people who are receiving supports through the Supports for Community Living Waiver Program. A Subcommittee on Self-Determination was established in accordance with the legislation, and delivered its recommendations to the Commission in December 2003. The Commission voted to accept the recommendations of the subcommittee, but to delay action, and to share the information with the Governor and Legislature.
- HB 116, the Kentucky Independence Plus through Consumer-Directed Services Program Act of 2004, was passed by the 2004 General Assembly. This landmark legislation, widely supported by Governor Fletcher and the General Assembly, required the establishment of the Kentucky Independence Plus through Consumer-Directed Services Program to provide an option within each of the home and community-based services waivers, based on the principles of consumer choice and control. The program will allow enrolled persons to have more flexibility and control in the design of their support options and to direct the delivery of services to meet their needs. The Cabinet has applied for a Robert Wood Johnson Foundation Cash and Counseling grant and a Foundation for a Healthy Kentucky grant to assist and support implementation of HB 116.

The Independence Plus program envisions a new model of delivery of Medicaid funded home and community-based services to support increased consumer choice, expand the flexibility of dollars utilized, improve access to services, and provide for improved cost management. Through amendments of existing 1915(c) waivers, the Cabinet intends to make available to waiver participants direct control over non-medical and non-residential services. A blended package of consumer-directed and traditional services will be provided, thus allowing individuals to pick and choose the options that work best for them. Dollars allocated for supportive services will be seamlessly shifted among needed supports and services. By allowing consumers the ability to recruit, hire, and supervise their own employees (including family members in some cases), the available labor pool for services will be expanded. The presence of support brokerage and fiscal intermediary services is expected to give

participants the information they need to efficiently manage allocated dollars resulting in increased levels of service for similar funding allocation.

- Because of a historical lack of funding, service providers have been limited. Through training and information efforts, additional providers have been recruited. Since March 2001 through July 2004, the number of Supports for Community Living providers has increased from 63 to 126. Twenty-six additional provider applications are in process. The presence of additional providers has given people more choice in what supports they receive and choice in who serves them.
- To better use available resources, the Department for Mental Health and Mental Retardation Services has initiated collaborative efforts with the Office of Aging and the Department for Community Based Services. These efforts have resulted in joint regional training on aging services. Monthly meetings are held between the Division of Mental Retardation and the Department for Community Based Services, and collaborative training efforts have been held.
- A goal of the Commission is for support coordination staff to meet core competencies. This goal has been met through regulatory requirements and on-going monitoring for competencies through the certification review process conducted by the Division of Mental Retardation, under contract with the Department for Medicaid Services.

Division of Mental Retardation training staff have developed a list of basic competencies which are shared with agency supervisors and support coordination staff. These can be used in interviewing new support coordinators, developing work plans, and evaluating job performance. Support Coordinators continue to attend Level I and II Support Coordination Trainings, and most support coordinators have now attended.

The DMR Education and Resource Development Team began offering *"Your Life, Your Masterpiece: A Self-Determination Overview"*. The goal of this introductory course is to explore the origins, foundation, and future of self-determination. This one-day interactive overview was developed for participants dedicated to assisting people to create the lives that they want, which are connected to and supported by our communities. The course introduces participants to the fundamental aspects of self-determination.

The Division of Mental Retardation is also developing web-based training via the Kentucky Virtual University. Pilots are planned for Phase Two Training, Case Management/Support Coordination Training, and Person Centered Planning Training.

There has been an increase in family involvement in the Division of Mental Retardation training events. While some have attended the training itself, others have participated in planning for regional training events.

OUTCOME: An array of services and supports designed to meet the unique needs of individuals will be available in local communities.

- The progress on this Outcome is reflected in the Access and Financing the System sections of this report. Please refer to those sections for a complete response.
- The Education, Training, and Information Subcommittee and the Quality Subcommittee have been working on strategies to assure that individuals and their families are fully informed about the options for services and supports that can be made available to them. The Education, Training, and Information Subcommittee has been reviewing and making recommendations regarding various trainings. The Quality Subcommittee is developing a tool to be used by individuals and families when they are seeking services to assist them in evaluating the appropriateness of the service for their needs.

PROMOTING QUALITY

OUTCOME: Through a comprehensive monitoring system, we will know that individuals with mental retardation and other developmental disabilities live in settings of their choice, where their health and safety are assured and their strengths and dreams are supported and encouraged.

- In the Kentucky Core Indicators Survey of individuals receiving services, published in October, 2003:
 - 92.9% indicated they liked their work or day program
 - 93.3% liked where they lived, and
 - 72.2% said they had friends who were not staff or family.

- The Cabinet for Health Services has received a \$2 million grant from the Centers for Medicare and Medicaid Services (CMS) to aid Kentucky in making long-lasting changes in the delivery of community supports to persons with disabilities and long term health care needs. The grant focuses on improving housing, quality services and workforce development. A component of the grant is to work with persons with disabilities and their families to develop and implement effective quality outcomes from the consumer standpoint. The Cabinet has partnered with three core advocacy groups to help develop a consumer voice in evaluating the quality of services based on the belief that the consumers and family members know best what services they need and whether or not the services are meeting their needs. These efforts reach out to consumers and family members to assist the state in determining what consumers and family members consider quality services.

These efforts include:

- A consumer-led monitoring system has been developed with the goal in mind of integrating consumers and family members into the monitoring system for provider organizations who provide services under the Supports for Community Living waiver program. A stakeholder group convened by the ARC of Kentucky developed the monitoring system after review of state and federal requirements and how other states have addressed consumer involvement in quality monitoring. Several pilot-tests of the system were carried out during FY 04, and one provider organization in each of the state's 14 regions is to be monitored by consumers and family members during the 2005 state fiscal year.
- The Commission recommended that family members, persons with mental retardation, and advocates be included in quality initiatives and monitoring activities at the state and local/regional levels. Core

Indicators in Kentucky is seen as the centerpiece of quality assurance in that it measures outcomes for people receiving services across quality of life domains, including community participation, well-being, satisfaction, relationships, autonomy, rights, health and safety. Kentucky's participation in this effort began in 1999. 2005 represents the 6th cycle of consumer interviews in Kentucky. To this point, nearly 2500 people receiving services through the Kentucky Division of Mental Retardation have taken part in the consumer survey.

National Core Indicators is a collaboration among participating National Association of State Directors of Developmental Disability Services (NASDDDS) member state agencies and Human Services Research Institute (HSRI), with the goal of developing a systematic approach to performance and outcome measurement. Through the collaboration, participating states pool their resources and knowledge to create performance monitoring systems, identify common performance indicators, work out comparable data collection strategies, and share results. This multi-state collaborative effort to improve performance is unprecedented.

- This project utilizes a national instrument in assessing client satisfaction, safety and quality of life. Rather than relying on a professional surveyor, the Commission recommended a survey team, which includes a professional and a consumer or family member. Self-advocates and family members have been recruited and trained to be members of two-person interview teams for consumer satisfaction through the Core Indicators Project. Six (6) consumers and one (1) family member of a person with a disability have been trained and are conducting interviews. In FY 2004, 200 team interviews were completed. Because the team concept has been so widely embraced, in FY 05 the project will expand to promote interviewing opportunities for individuals receiving mental health therapeutic rehabilitation services.
 - Volunteer personal advocates for consumers have been recruited by the Council on Mental Retardation to help assure individual choice, participation, competence enhancement and respect. Forty (40) advocates have been matched with consumers, with a goal of matching 50 consumers by the end of the Real Choices project period (September 27, 2005). The final year of the project will include a focus by the Council on promoting the development of volunteer personal advocacy programs in other areas of the state (outside of the Louisville area), and with other consumer populations (mental health, aging, etc.).
- The Division of Mental Retardation conducts annual interviews with people who are receiving supports for the purposes of determining the outcomes of those services. The Department of Mental Health and Mental Retardation Services monitors its contractors for outcomes, monitors

Supports for Community Living providers for certification purposes and relative to reports of critical incidents. Each of these efforts includes monitoring of outcomes for individuals.

- In addition to family and consumer involvement in community programs, some of the ICFs/MR have enacted ongoing monitoring reviews by family members and volunteers who visit the facility. These actions have enabled timely identification of issues, and have been a valuable component for facility improvement. Portions of the reports are shared with Governing Board(s).

OUTCOME: The services and support needs for persons with disabilities will be met by competent and adequately trained staff.

- The Education and Resource Development Team in the Division of Mental Retardation has conducted a total of 41 events with 691 participants in 2004. Workshops include: self-determination, leadership, crisis intervention and management, person centered planning, community inclusion, dignity and respect, training of trainers, abuse and neglect, support coordination, brain injury, rights, values, working with families, health and wellness, learning to listen, building positive relationships, grief and loss, mental health/mental illness, and cultural and generational diversity.

In addition, training staff have developed core competencies for each of the basic trainings which are shared with the individuals and their supervisors, upon completion of the training. These competencies can be used by supervisors to support the skills and knowledge obtained in the training.

- The workforce Development Project within the Real Choices Systems Change grant has worked with the Kentucky Community and Technical College System to develop an academic certificate program for Direct Support Work – this certificate program is expected to receive final approval in the fall of 2004, and to then be available for students starting with the Spring, 2005 semester. The certificate is a 16-hour curriculum which was developed based upon job profilings carried out with people working in the Direct Support field. The coursework includes some of the required training content for people who work in mental retardation programs in the state. The courses for the certificate program are in the process of being developed for offering on-line through the Kentucky Virtual University. Profilings are currently occurring with case managers who work with various consumer populations (i.e., mental retardation, mental illness, severely emotionally disturbed children and youth, etc.) with the aim in mind of improving the quality of training.

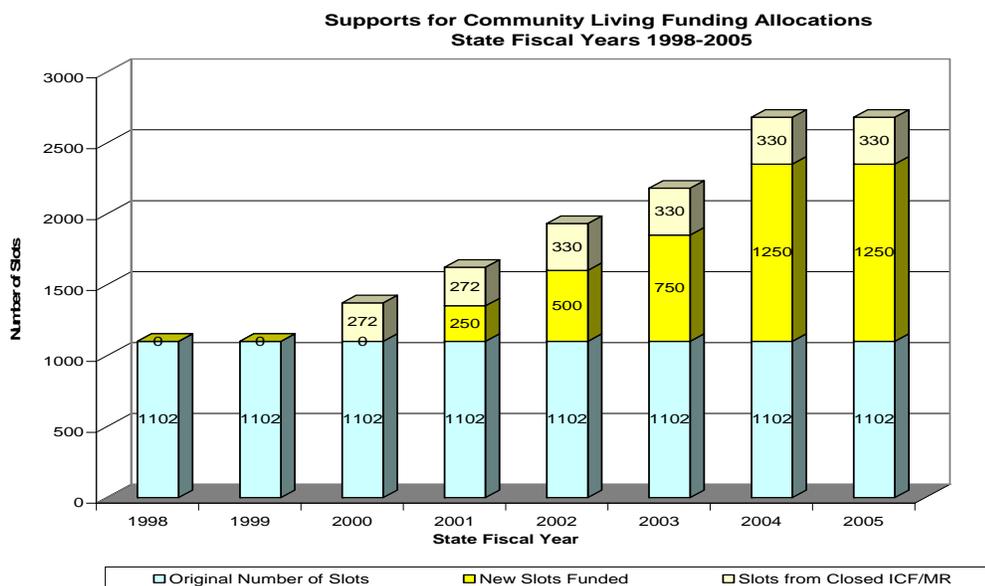
PROMOTING ACCESS

OUTCOME: People with developmental disabilities and their families have access to services and supports that meet their needs and expectations.

- Because of increased funding, the number of individuals receiving services through the Supports for Community Living Waiver (SCL) has doubled since FY 98. The following chart reflects the increase in the number of funding allocations in SCL over the years.

Fiscal Year	Funding Allocations	Source
FY 98	1102	
FY 99	1102	
FY 00	1374	272 from ICF/MR Closure
FY 01	1624	250 from HB 144
FY 02	1932	250 from HB 144, and 58 from ICF/MR Closure
FY 03	2182	250 from HB 144
FY 04	2682	500 from HB 144
FY 05	2682	No new funding; awaiting CMS approval for an additional 44 from the closure of Higgins ICF/MR

- Following is a graphic representation of funding allocations since 1998.



- Collaborative linkages have been established with other state Cabinets, programs and community associations to build their capacity for supporting citizens with mental retardation and other developmental disabilities. Some of these are:
 - The Office of Aging and the Division of Mental Retardation's Resource Development Team collaborate on training.
 - The State Interagency Council, the Brain Injury Services Unit, and the Division of Mental Retardation collaborate on training.
 - The State Interagency Council, Regional Interagency Councils, and the Division of Mental Retardation work to identify children who are difficult to support, and are a risk to themselves and the community, with the goal of diversion from the juvenile justice system.
 - The Brain Injury Services Unit and the Division of Mental Retardation are collaborating on transition for individuals from intense therapeutic environments to community environments using the SCL Waiver. Consultation and supports are given to providers. They are also working together on revising the training curriculum.
 - The Division of Mental Retardation and the Intermediate Care Facilities for People with Mental Retardation (ICFs/MR) have developed statewide transition teams and meet monthly to ensure successful transition and ongoing supports. They also worked together on the establishment of the outpatient clinic at Hazelwood, and on conducting further analysis for other specialty services utilizing other ICF/MR locations.
 - The Division of Mental Retardation and the Division of Substance Abuse collaborate on co-occurring issues, and the development of a grant to serve this population.
 - The Department for Mental Health and Mental Retardation Services and the Department for Medicaid Services collaborate on Olmstead issues.

- It is the goal of the Commission to develop, increase and improve access to services and supports. The following activities detail progress in specific areas:
 - Transportation--. There were approximately 2 million Medicaid Transportation trips provided in FY 04 and two transit facilities were purchased with earmarked discretionary money. Approximately 90-120 transit vehicles were purchased with Section 5310 and Section 5309 federal dollars for transportation providers in the state that provide transportation for the elderly and persons with disabilities population. These vehicles are also integrated into the Human Service Delivery program.

The Office of Transportation Delivery (OTD) is applying for a new "United We Ride" grant issued by the federal government under President Bush's new "United We Ride" coordinated Human Service Transportation initiative. This grant will support, enhance and expand the Human Service Delivery program.

The Transportation Workgroup (Hope for Better Transportation), including the Kentucky Transportation Authority, providers, consumers, advocates, the Department for Medicaid Services, and the Division of Mental Retardation met over the last year. The workgroup did not create any legislative recommendations; but rather decided to focus on developing local government support. Advocates were asked to push local governments to financially support public transportation in areas where transportation is most needed.

- Respite--Respite remains one of the most sought after services, yet remains underfunded and understaffed.
- Recreation--Recreation as a part of community integration and inclusion remains an important concern. The Kentucky Core Indicators Survey of individuals receiving services, published in October 2003, reflected that:
 - 88.4% of those surveyed go out for entertainment
 - 16.5% participate in clubs or community meetings
 - 32.3% go out to exercise or play sports in integrated activities
 - 31.8% go out to exercise or play sports in non-integrated activities
- Behavior--The Department for Mental Health and Mental Retardation Services redirected \$1 million of state general funds for crisis funding to the Centers for FY 05. For FY 04, 979 people were served with the \$1 million redirected last year.
- Employment--The Kentucky Business Leaders Network (KYBLN) is statewide, business led organization that promotes employment for Kentuckians with disabilities. The KYBLN Business Leaders Board is comprised of 12 business leaders, with the lead employer for Kentucky being Bank One Lexington. The Kentucky Employment Action Network (KEAN), which represents non-profit state and local agencies as well as individuals with disabilities, serves as an advisory council to the Business Leaders Board. The KYBLN has five chapters from Paducah, Bowling Green, Louisville, the Bluegrass region, and Northern Kentucky, each of which mirror the structure of the statewide Board. Expansion to include two to three more chapters is planned for the coming year. The KYBLN and its chapters each hold bi-monthly forums for area employers and an annual state conference which is targeted toward Kentucky employers. Attendance at these educational events has been excellent.

The Supported Employment Training Project continues to hold monthly trainings for supported employment direct service personnel, along

with Advanced Seminars for veteran employment specialists. The Project approximately 240 direct service personnel in calendar year 2003, with an over all average evaluation score of 5.4 out of 6.

- Transition--The Statewide Facility Transition Committee (first known as the Community Placement Team) approved and implemented the Kentucky Transition Plan, which is being used by every state facility, and includes a standardized Transition Profile of the person being placed, identifies a circle of support, and details planning and transition meetings for the individual/family and provider with a follow-up mechanism after the individual is placed in the community. The Statewide Transition Plan was created to include every aspect of a person's life with the goal of having a smooth, seamless transition from the facility to the community. Since the implementation of the Transition Plan in March 2002, 105 persons have transitioned from facilities to the community. Data reflect that only two people have returned to the facility following transition to the community. The passage of HB 322 in the 2004 General Assembly requires this Commission and the HB 843 Commission to establish a joint ad hoc committee on transitioning from children's services systems to adult services systems, for children who will continue to need services or supports after reaching age twenty-one. The ad hoc committee is to develop recommendations for implementation of specific plans of action to meet the needs of children who transition to adult services systems. A preliminary report is due by October 30, 2004, and a final report by December 30, 2004 to both commissions and to the Interim Joint Committee on Health and Welfare.

OUTCOME: Access to services and supports will be equitable, and will be based on criteria that take into consideration both timeliness and service needs.

- In response to recommendations of the HB 144 Commission, the Cabinet took major steps during FY 03 to assure that those most in need receive services in a timely manner, by refining access to and management of the waiting list, including establishing a priority ranking for services. The regulation provides for emergency, urgent, and future planning categories of need. The "emergency" category includes individuals who need services immediately; the "urgent" category includes those who need services within one year, and the "future planning" category includes those who do not anticipate needing services within one year.

In order to be placed on the waiting list, an application for services must be completed which provides information to enable the Cabinet to determine the appropriate category on the waiting list. These applications are then validated for accuracy to determine the category of need.

With the implementation of this process of prioritization for placement on the waiting list, new funding has been able to support individuals prior to a crisis situation occurring. With the new funding being allocated to those most in need, the timeframe for accessing SCL services has diminished dramatically.

- The applications for services for Supports for Community Living and for ICFs/MR were combined to make a single application and were expanded to include data on demographics and other specific needs of the applicant.

OUTCOME: Information is available and easily accessed.

- The Department of Mental Health and Mental Retardation Services has a dedicated website for the Supports for Community Living waiver, and other services supported by the Division of Mental Retardation, such as Supported Living. These can be found at <http://mhmr.chs.ky.gov/>. In addition, two other websites have been developed by the Cabinet for Health Services. One provides information on the progress and status of the Olmstead planning initiative, <http://chs.ky.gov/olmstead/> and the other, KyCARES, www.kycares.ky.gov/ is an online services/information directory and guide of federal, state and local community providers of basic services. The site continues to expand, increasing the number of providers, and making improvements in the quality of the information.
- The outreach efforts conducted by the state have been mirrored by public and private providers for the people within their communities.

OUTCOME: Health care is available, accessible, and delivered by quality personnel.

- Funds within the Department for Mental Health and Mental Retardation Services have been redirected to support an outpatient dental clinic and Center of Excellence in dental education. The services of the Underwood and Lee Clinic are made available to individuals with mental retardation and other developmental disabilities who, because of their disability, have had limited access to dental services. The clinic includes a strong educational component. In affiliation with the University of Louisville, it is a teaching/training center for dental residents and for dentists interested in continuing education. The clinic's dental services include general dentistry, periodontal and oral surgery, biopsy and emergency dental care.
- The clinic has been in operation since November 2002, and by August 12, 2004 has accomplished the following:
 - Has 250 active patients.
 - Averages 100 patient visits per month.

- The clinic offers outpatient OR services for patient's requiring general anesthesia to complete comprehensive dental treatment.
 - Procedures performed: examinations, x-rays, prophylaxis (cleanings), quadrant scales (deep cleaning), restorations, extractions, dentures, partials, and crowns.
 - Patients have come from the following counties: Barren, Bullitt, Campbell, Clark, Daviess, Fayette, Franklin, Grayson, Green, Floyd, Hardin, Jackson, Jefferson, Jessamine, Larue, Magoffin, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Todd.
 - Two dentists have graduated from the Developmental Disabilities Dentistry fellowship program. One of these dentists is now the inpatient dental clinic director at Hazelwood Center ICF/MR.
 - Each year dental students from the University of Louisville School of Dentistry complete their Area Health Education Center (AHEC) rotations at the dental clinic.
 - The staff dentists at the Underwood and Lee Clinic serve as adjunct professors at the University of Louisville School of Dentistry and participate in teaching the Special Needs Dentistry course.
 - Undergraduate dental students continue to win awards and be recognized nationally each year for their research projects that are conducted at the Underwood and Lee Clinic, including innovative digital radiography.
 - In June 2003 the Underwood and Lee Clinic won the Center for Medicare and Medicaid Services "Beneficiary Services Certificate of Merit for 2003".
- An outpatient clinic needs assessment survey was conducted in November 2003 to determine what the community thinks is their greatest need for professional outpatient services and professional development. Fifty-two SCL service providers within a 2-hour radius of Somerset were contacted, with a 50% return rate. The top four most difficult to access services/supports were psychiatric, dental, GP/MD, and behavioral. Eighty-three percent (83%) of the respondents said that they would access regionally based behavior/psychological/psychiatric supports made available at an outpatient clinic. In summary, the response to the survey indicates there is clearly a need for a regionally based outpatient clinic, if the professionals providing the services/supports were also experts in working with people with mental retardation/developmental disabilities.
- The Kentucky Core Indicators Survey of individuals receiving services, published in October 2003, reflected that:
- 87.9% of the individuals surveyed said they had had a physical exam within the past year

- 56.9% reported they had an OB/GYN visit within the past year
- 46.7% indicated they had visited the dentist in the past six months.

These statistics reflect increases in each of these health care access areas from the previous year.

OUTCOME: Continued services and supports are available to individuals when agencies choose to involuntarily terminate services and supports to them.

- The Division of Mental Retardation requires a provider agency considering termination of services to provide a summary to the Division of what supports have been provided to the individual, what actions they have taken to prevent termination, and why the actions have not been effective. The Division provides technical expertise to providers to assist them in supporting individuals in order to avoid termination.

FINANCING THE SYSTEM

OUTCOME: The waiting period for services and supports will be reduced and ultimately eliminated. Paid supports will be seamless, integrated, and driven by the individual.

- In keeping with the priority set by the Commission, expansion funding for the SCL program was appropriated by the General Assembly for the FY 03-04 biennium. New State General Funds approved for FY 03 were in the amounts of \$1.97 million (\$6.5 million with the federal match) for the Supports for Community Living waiver, and \$0.2 million for the Supported Employment program. For FY 04, new state general funds were approved in the amounts of \$10.5 million (\$34.8 million with the federal match) for the Supports for Community Living waiver, and \$0.2 for the Supported Employment program. These SCL funds served 750 additional people over the current biennium, which includes the first two years of the 10-year plan. This new funding exceeded the 10-year commitment to serve 500 new people in SCL; and represented the highest priority of the Commission. New funding to serve individuals through a low cost waiver (200 people), and a state funded program (1000), has not been made available.
- For FY 04, 500 new placement allocations were funded and distributed to individuals who were on the waiting list; 150 were allocated in July 2003, 150 were allocated in September 2003, and 200 were allocated in December 2003. Of the 500 placement allocations, 392 of those individuals lived in the community, and 108 wanted to move from a facility to the community. Of this number, 311 of the individuals in the community have obtained providers, and 59 of the 108 individuals in facilities have obtained providers. Of the remaining individuals, nineteen have requested extensions, 68 declined the allocation, 38 were terminated, and five were deceased. Those allocations that are declined, terminated, or when the individual is deceased, are reallocated to those in the emergency category of the waiting list.
- For the current biennium, FY 05-06, there is currently no new funding for the Supports for Community Living waiver program, as a budget has not been enacted. Governor Fletcher's budget included funding for 75 new SCL recipients over the biennium, while the House Budget included funding for 400 SCL recipients over the biennium, and \$200,000 for the implementation of consumer directed services. As a final budget has not been passed, the amount of new funding, if any, is undetermined.

- As of June 30, 2004, there were 2432 individuals being supported with funding made available through initiatives of the Governor and General Assembly.
- The following chart reflects the new funding actually provided for the SCL program since the landmark HB 144 legislation was passed.

Fiscal Year	Benefits		Number of New Funding Allocations
	SGF	Total (Federal and State)	
FY 01	\$4,977,600	\$16,590,300	250
FY 02	\$9,955,300	\$33,181,000	250
FY 03	\$1,970,300	\$6,545,800	250
FY 04	\$10,490,900	\$34,842,000	500
FY 05	0	0	0
TOTAL			1250

- Supports for Community Living providers received a rate increase effective July 1, 2004, by virtue of an increase in the fixed upper payment limits for all SCL services and in the intensity payments for applicable services. These increases were made possible because of the passage of a provider assessment fee on all gross revenues received from SCL services. The Cabinet continues to meet with representatives of the Finance Subcommittee on intensity rate issues.
- During the coming year, Kentucky hopes and plans to make great strides in moving toward the Plan outcome of seamless, integrated, paid supports that are driven by the individual. The implementation of the Kentucky Independence Plus Program will occur over the coming year, and will impact Kentucky's three home and community based waivers. For more information about this initiative, see the Promoting Choice section of this report.

CLOSING THOUGHTS

We are extremely pleased to be able to share with you the continued progress that has been made. With the continued expansion of the Supports for Community Living (SCL) waiver program through FY 04, more individuals have been able to access services prior to getting into crisis situations. Yet, we remain mindful of those who are still waiting and those who are in great need but are not connected to the service delivery system.

With the use of waiver funding that has been declined or not been accessed we continue to be able to respond immediately to people who have been declared to be in an emergency situation as a result of the loss of their home and caregiver. However, much remains to be done as the number of individuals on the waiting list continues to increase. In addition to SCL, many other services are in need of enhanced funding; including basic support and crisis services provided by the Regional Boards, and Supported Living services.

Members of the Commission gratefully acknowledge the support of the Governor and the General Assembly in making people with mental retardation and other developmental disabilities a priority. And, we implore our future leaders to continue to support the pursuit of alternatives to assure improvements in the service delivery system and the movement of people off the waiting list into services over which the individual has independence and control. This will be difficult with the continued revenue shortfall, however, the needs of these individuals and the mandate of the Supreme Court's Olmstead decision make it a moral and legal imperative.

In closing, we thank you for your past support and we ask for your help in continuing to fulfill the promise.